

Request to Change Supervisory Committee Personnel

Department: _____

Student: _____ ID# _____

CURRENT PERSONNEL

Chair: _____

Member 1: _____

Member 2: _____

PROPOSED PERSONNEL

Chair: _____ Signature: _____

Member 1: _____ Signature: _____

Member 2: _____ Signature: _____

Justification for change:

Approved by current chair of supervisory committee:

Signature: _____ Date: _____

**Return form to the Graduate Advising Office
MEB 2102**